DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

Provider Inspection Summary

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: REM WISCONSIN III INC (0010075)

Address: 782 WILFRED RD APT A, HUDSON, WI 54016

License Status: REGULAR

Licensed/Certified/Registered 06/05/2003

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095385 End Date: 07/07/2005 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10010035 Served 08/01/2005

<u>Deficiencies Cited</u> <u>Subject Area</u>

88.06(3)(f) REVIEW OF ISP

Compliance

Verified Corrected

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